STATE OF NEW HAMPSHIRE



2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JAN 08 2019

NEW HAMPSHIRE

I. Name of Lobbyist(s) Katherine Lawrence				DEPARTMENT OF STA
II. Name of lobbyist's pa			ny:	
N/A				.5
(Name o	f partnership, firm or	corporation)		
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
()	()	e-mail	
(Telephone)	((Fax)	e-mail	**************************************
reportable expense trans	sactions which are	e not attributable	rts for each client, OR you ma to any one client). the reporting date relative to the	
ACT, Inc.			•	
The state of the s	ull Name of Client a	s it appears on the Lo	obbyist Registration Form)	
OR ☐ All reportable transacti unrelated to any particular		t (including the lob	obyist's family), or the lobbying	firm listed below which are
	April 25, 2018 🗆		July 25, 2018 🛚	
		tion to 3/31/18		
	October 31, 2018 vity from 7/1/18 to 9	//30/18	January 30, 2019 A activity from 10/1/18 to 12/31/	18
			e transactions made since the Secretary of State's Office, So	
VI. Check if additional r	eports are attach	ed:		•
☐ If you have received to	ees or made exper	iditures, you must f	file Addendum A- Fees and Ex	penses
☐ If you have paid an ho Expense Reimbursement	onorarium or reimb	oursed expenses, yo	ou must file Addendum B Rep	ort of Honorariums or
☐ If you, your firm, or y	our family has ma	de political contrib	utions, you must file Addendu	m C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

1 have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

and complete to the best of my knowledge and belief.

(Signature of lobbyist)

Katherine Lawrence KATHERINE (Print Name of lobbyist)